



Arizona State Board of Massage Therapy

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www.massageboard.az.gov

RENEWAL APPLICATION

Leave no blanks. Use N/A if not applicable.

CASHIER CHECKS AND MONEY ORDERS ONLY

Before completing this application refer to the checklist on page 2.

This will ensure application is complete and processing can be done in a timely manner.

License number required MT-_____

Expiration date required ____/____/____

Birth date: mm_____dd_____yyyy_____

****Do not send a renewal form prior to 65 days of your expiration date.****

1. Current name as it will appear on your license - If your name has changed, attach a copy of the name change document (i.e. marriage certificate, divorce decree etc.)

first

middle

last

Home address will be posted on the website if no other address is given

2. Required physical home address - No P.O. Box address (see#4)

Complete Street Address _____/_____/_____
Apt# _____ City _____ State _____ Zip Code _____

Phone is required Home # (_____) _____ - _____

3. Work or business address if different from home – NO P.O. Box address

Name _____

Street Address _____/_____/_____
Ste # _____ City _____ State _____ Zip Code _____

Business Phone # (_____) _____ - _____

4. Mailing address if different from home, P.O. Box address is allowed.

Street Address _____/_____/_____
Apt/Ste _____ City _____ State _____ Zip Code _____

Indicate by checking the box which address is to be posted on the Website:

☐ Home

☐ Work or Business

☐ Mailing

Cell # (_____) _____ - _____

5. Email address: print clearly

6. Alien Status Declaration: To be completed by applicants who are not citizens or nationals of the United States

Attach a legible copy of a document from List B which can be found on our website.

DO NOT WRITE BELOW THIS LINE

signed	Citizen / resident proof	fee	late fee	CE	updated	initials	Date mailed
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DO NOT send CE proof if you received notification by postcard of your renewal .

7. R4-15-301. Required Continuing Education Hours

- A. During the two-year period immediately preceding license expiration, a licensee applying for a renewal license shall have completed 24 hours of continuing education.
- B. A licensee **MAY** complete a maximum of 12 continuing education hours from a correspondence or distance learning format.

Of the 24 hours of CE's you are only allowed 12 hours online; the remaining 12 hours must be in a classroom setting.

8. A.R.S. 32-3208 requires reporting all felonies and some misdemeanors within ten days of the charge being filed. See our website for a list of reportable misdemeanors.

9. Required: I, the undersigned, do hereby attest under penalty of perjury, that I am the massage therapist named in this renewal; that all answers, facts and statements that are provided in this renewal are truthful. I am not omitting any information which may be of value to the Arizona State Board of Massage Therapy in considering this application for renewal of licensure.

By signing below, I verify under oath that I will have completed not less than 24 hours of continuing education, as described above, by the expiration date of my license, and that I will maintain the documents in my possession for 2 years.

Signature _____ Date _____

THIS RENEWAL FORM WILL UPDATE ALL OF YOUR INFORMATION. DO NOT SEND A CHANGE OF ADDRESS FORM WITH THIS RENEWAL FORM

USE THE CHECKLIST BELOW TO ENSURE YOUR APPLICATION IS COMPLETE.

MONEY ORDER or CASHIER'S CHECK only payable to the: Arizona Massage Board. All fees are nonrefundable.

Check appropriate amount below: NO PERSONAL CHECKS WILL BE ACCEPTED

1. ____ **\$95.00** (Renewal fee)
____ **\$120.00** (Renewal fee plus a \$25.00 optional wall certificate)
____ **\$135.00** (Renewal fee plus a \$40.00 delinquent fee - If postmarked after your expiration date)
____ **\$160.00** (Renewal fee, late fee, and a wall certificate)
____ **\$220.00** (Renewal and reinstatement fee - please read below)

Use this only if you have missed 2 renewal cycles and have not exceeded 3 years from your last expiration date. Mandatory: copies of at least 24 hours of CE's must accompany the renewal form.

2. ____ A legible copy of alien status required, if you are not a permanent resident of the U.S. and your citizenship status/documents expire.

Most commonly used forms: Resident Card, or Passport (from list B on website)

name on proof of citizenship/alien status must match the name on your renewal form – if it doesn't match, send documentation of name change.

3. ____ Application signed and dated in section 9.

Renewals are processed in the order they are received. If your application is not complete, you will be notified by email only. It is your responsibility to contact us if you have not received your renewed license within 4 weeks of submission.